



**REPORT OF POLLING LOCATION INACCESSIBILITY;
REQUEST FOR DESIGNATION OF SPECIAL POLLING PLACE**

(IEC-6)

State Form 28596 (R7/12-03)

Indiana Election Commission (IC 3-11-8-6.5)

INSTRUCTIONS: 42 U.S.C. 1973ee – 6 (4) requires every polling place to be accessible to elderly and disabled voters. In addition, IC 3-11-8-6 requires the county executive (the board of county commissioners, the Mayor of Indianapolis, or the Lake or Tippecanoe County Board of Elections and Registration) to locate the polls for each precinct in an accessible facility for disabled voters. If this requirement cannot be met, then this report must be filed with the co-directors of the Indiana Election Division, who shall authorize the designation of at least one special polling place in an accessible facility. This report is filed with the **Indiana Election Division at Indiana Government Center South, 302 West Washington Street, Room E-204, Indianapolis, Indiana 46204-2743 or by facsimile transmission to (317) 233-6793 at least twenty-nine (29) days before the election.**

NOTE: The filing of this report **does not** protect the county from legal remedies that may be sought by a voter of the county.

County	Precinct	Election Date
Address of inaccessible precinct polling place		

Type of voting location: <i>(i.e. private home or business, public or federal building)</i>

Reason for inaccessibility:
What modifications would be needed to make this location accessible?
Have you discussed making these modifications with the building owners? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what was the response?
List the location of the proposed special voting polling place for this precinct:

<input type="checkbox"/> Signatures of Board of County Commissioners <input type="checkbox"/> Mayor of Indianapolis <input type="checkbox"/> Lake or Tippecanoe County Board of Elections and Registration (check one)	
Signature	Date (mm/dd/yy)
Signature	Date (mm/dd/yy)
Signature	Date (mm/dd/yy)
Signature	Date (mm/dd/yy)
Signature	Date (mm/dd/yy)

☐ APPROVED ☐ DENIED DATED: _____

Co-Director	Co-Director
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